dication or Docket Number APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 CLAÎMS AS FILED - PART I OTHER TH TOTAL CLAIMS RATE NUMBER FILED: TOTAL CHÂRGEABLE, CLAIMS X\$18= **3 /• កាំ**គ្រប់s 20= OR INDEPENDENT CLAIMS (C minus 3 X42=-X84= OR MULTIPLE DEPENDENT CLAIM PRESENT inne difference in column 1 is less than zero, enter '0 OR TOTAL CLAIMSIAS AMENDED PARIT II SMALLENITIY, OR SMALLENTITY MONAL OR FIRSTPRESENTATION OF MULTIPLE DEPENDENT CLAIM OR **X\$**¦9≓ X42=

If the entry in column it is less than the entry in column 2, write: 0" in column 3. - If the (Highest Number Previously Paid For IN THIS SPACE is less than 201 enter Half the THighest Number Previously Paid For IN THIS SPACE is less than 3 venter 23.

Tithe Highest Number Previously Paid For (Notalio Independent) list the highest humber found in the appropriate box in column

+140°≘